

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY	Attorney Docket Number	14145-4us GH/PAN/df
	First Named Inventor	Pollak, Alexandre A.
	<i>Complete if known</i>	
	Application Number	
	Filing Date	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTIPLE-SLIDE DIE-CASTING SYSTEM

the specification of which

☒ is attached hereto.

OR

☐ was filed on _____
(mm/dd/yyyy)

as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).
(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number: **020988**



020988

Direct all correspondence to:



020988

PATENT AND TRADEMARK OFFICE

PATENT AND TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Alexandre A.

POLLAK

Inventor's Signature

Date

Residence: City

Laval

State

Quebec

Country

Canada

Citizenship

Canadian

Post Office Address

1753 Colbert Street

City

Laval

Province or State

Quebec

Postal Code Or Zip

H7M 1M2

Country

Canada

☐ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (10-00)

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

Family Name or Surname

Carl

THIBAUT

Inventor's Signature _____ Date _____

Residence: _____

City Varenes State Quebec Country Canada Citizenship Canadian

Post Office Address 283 Des Semailles Street

City Varenes Province or State Quebec Postal Code J3X 1Y5 Country Canada

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

Family Name or Surname

Alain

BOURBONNAIS

Inventor's Signature _____ Date _____

Residence: _____

City Montreal State Quebec Country Canada Citizenship Canadian

Post Office Address 3270 St-Zotique East

Apartment 1

City Montreal Province or State Quebec Postal Code H1X 1C5 Country Canada

Name of Additional Joint Inventor, if any:

Given Name (first and middle [if any])

Family Name or Surname

Richard

LAVEAU

Inventor's Signature _____ Date _____

Residence: _____

City Montreal State Quebec Country Canada Citizenship Canadian

Post Office Address 10197 Charton Street

City Montreal Province or State Quebec Postal Code H2B 2C9 Country Canada

☐ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.